

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008927

FILED
Aug 09, 2006
Secretary of State

Entity Name: WISDOM CENTER PLACE OF FELLOWSHIP, INC.

Current Principal Place of Business:

624 EVER STREET
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

1508 E CHERRY ST
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 20-1523423 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

REAVES, EVONN
1508 EAST CHERRY STREET
PLANT CITY, FL 33563 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REAVES, EVDNN
Address: 1508 E CHERRY ST
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: REAVES, CLARETHA
Address: 1508 E CHERRY ST
City-St-Zip: PLANT CITY, FL 33563

Title: DTR () Delete
Name: HIPPS, EDD JR
Address: 581 FRANK GRIFFIN AVE
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: REAVES, EVONN
Address: 1508 E CHERRY ST
City-St-Zip: PLANT CITY, FL 33563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVONN REAVES

D

08/09/2006

Electronic Signature of Signing Officer or Director

Date